


Our File: 091 P 003

PART B—ISSUE FEE TRANSMITTAL

142-1250.00

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)
 C5M1/0624 JOHN L ALEX LOCKWOOD ALEX FITZGIBBON & CUMMINGS SUITE 1700 THREE FIRST NATIONAL PLAZA CHICAGO IL 60602	INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
	CO-INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
	<input type="checkbox"/> Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/469,652	06/06/95	008	TAYLOR, D	3506 06/24/96
First Named Applicant				
OSBORNE, KEITH J.				
TITLE OF INVENTION				
DOUBLE-CONTAINMENT UNDERGROUND PIPING SYSTEM				

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
091-P-003	405-154.000	B37	UTILITY	NO	\$1250.00	09/24/96

810 TL 12-1828 10/30/96 08469652
00020 561 30.00CH

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
John L. Alex Lockwood, Alex, FitzGibbon & Cummings Three First National Plaza Suite 1700 Chicago, Illinois 60602	1 LOCKWOOD, ALEX, FITZGIBBON & CUMMINGS 2 _____ 3 _____

DO NOT USE THIS SPACE

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE: Intelpro, Inc.	5a. The following fees are enclosed: <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____
(2) ADDRESS: (CITY & STATE OR COUNTRY) Chicago, Illinois, U.S.A.	5b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER 12-1828 (ENCLOSE PART C) <input type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies 10 <input type="checkbox"/> Any Deficiencies in Enclosed Fees
A. <input type="checkbox"/> This application is NOT assigned. <input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS. PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.	The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Authorized Signature) John L. Alex, Reg. No. 22,017 (Date) 9/23/96 NOTE: The Issue Fee will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE